


POLICY # 321	SUBJECT: Tuition Reimbursement
EFFECTIVE DATE: October 19, 2020	Page 1 of 4
AUTHORIZED SIGNATURE: 	

DELAWARE CHILDREN'S DEPARTMENT POLICY

I. PURPOSE

The purpose of this policy is to set up a framework for tuition reimbursement for employees who pursue education opportunities that are mutually beneficial to both the employee and the department.

II. POLICY

- A. This policy applies to all Merit and exempt employees. It does not apply to casual/seasonal, temporary, and limited term employees.
- B. Employees must be full time (not less than 30 hours per week) at the time of the request and must be in good standing. Employees on leave are not eligible until they return to full time status.
- C. The employee must agree to stay with the department for 6 months or more after completing course work and receiving reimbursement.
- D. This policy applies to reimbursement for formal education opportunities at accredited institutions that are mutually beneficial to both the employee and the department.
- E. Applicants must receive a passing grade of C or better to receive reimbursement.
- F. Approval is based on the availability of funds, and assistance is limited to the cost of tuition and does not include fees, supplies, fines, penalties, parking, or other costs associated with the employee's education.
- G. All available financial aid must be applied before determining the assistance amount.
- H. If an employee cancels or withdraws from a course that was approved for reimbursement, the employee must notify the DMSS Division Director immediately.
- I. The Cabinet Secretary may adjust authorized amounts for assistance at any time. Any such changes will apply to requests granted from that point forward.
- J. In the event that an employee separates from employment with the department voluntarily or involuntarily within 6 months of reimbursement, the employee must reimburse the department for the full amount. DSCYF will take all measures necessary to collect any monies owed under this policy.
- K. In the event that an employee transfers or is promoted into a position in another state agency within six months after reimbursement, the employee may submit a request in writing for a waiver and the case shall be reviewed by the Cabinet Secretary for final determination regarding reimbursement.
- L. Tuition reimbursement requests shall be reviewed on a first come, first served basis.
- M. Requests must have the approval of the employee's supervisor and division director in order to be considered for reimbursement.

III. DEFINITIONS

- A. Good standing: the employee has been employed by the department for at least 12 months, has successfully completed their probationary period, and has not received discipline in the past 6 months.
- B. Education that is mutually beneficial to the employee and the department: courses or programs that are related to the employee's field of employment within the department, or education that is required for advancement in the department.

IV. PROCEDURES

- A. Using the Tuition Reimbursement Request Form (Appendix A), the eligible employee shall submit all required documents to the DMSS Division Director or designee at least 30 days prior to the start date of the course.
- B. Requests must include a course description, proof of payment and course cost. HR may request additional information from the employee if necessary.
- C. Within 30 days of course completion, proof of course completion and final grade must be submitted to the DMSS Division Director or designee. Failure to comply with the 30-day timeline will void approval of funds.
- D. Payment of funds will be issued within 30 days after receipt and acceptance of course completion documents.

V. RESPONSIBILITY FOR THIS POLICY

The Division of Management Support Services Director and the Human Resources Director are responsible for guidance regarding this policy, as well as tracking requests and reimbursements.

Appendix A
Tuition Reimbursement Request Form

Employee Information

Name: _____ Job Title: _____
Division/Unit: _____ Supervisor Name: _____
Office Phone: _____ Mobile Phone: _____

School and Course Information

University/Offering Institution: _____

Course #	Course Title	Start Date	End Date	Credit Hours	Rate Per Credit	Total Requested

Degree/Certificate Program: _____

If course is not a part of a degree program, please explain how it is job related: _____

****Employees requesting reimbursement for the first time will be given priority before subsequent requests are reviewed.***

Date of Submission: _____ Receipts Attached: _____ Yes _____ No

****Copies of final grades and documentation of cost of tuition paid must be provided before reimbursement will be made.***

____ Approved _____
____ Not Approved _____ Supervisor

____ Approved _____
____ Not Approved _____ Division Director

For DMSS Use Only:

Human Resources: ____ Employee in Good Standing/Eligible ____ Employee Not in Good Standing/Not Eligible

Signature: _____

DMSS Director: ____ Funding Approved ____ Funding Not Approved

Signature:
